

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

04

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 57

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M  
0 3D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		80412.05
(b) Cash on Hand at Beginning of Reporting Period .....	276996.40	
(c) Total Receipts (from Line 19) .....	214486.90	1263755.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	491483.30	1344167.45
7. Total Disbursements (from Line 31) .....	156299.94	1008984.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	335183.36	335183.36
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 57

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M  
0 3D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	158450.00	328759.00
(i) Itemized (use Schedule A) .....	45136.90	66490.40
(ii) Unitemized .....	203586.90	395249.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	10900.00	20900.00
(c) Other Political Committees (such as PACs) .....	214486.90	416149.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	847606.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	214486.90	1263755.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	214486.90	1263755.40

## DETAILED SUMMARY PAGE

of Disbursements

4 / 57

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	140551.95	299773.82	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	140551.95	299773.82	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	677026.52	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	15747.99	32183.75	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15747.99	32183.75	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	156299.94	1008984.09	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	156299.94	1008984.09	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 57

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	214486.90	416149.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	214486.90	416149.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140551.95	299773.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	140551.95	299773.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 57

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bradford Allinson

Mailing Address 147 Hampshire Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quantitative Management  
Associ

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178584

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mariann Appley

Mailing Address 2 Commonwealth Avenue

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178470

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

George Bennett

Mailing Address 712 Main St.

City

Hingham

State

MA

Zip Code

02043-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 00317.C178692

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley Bernstein

Mailing Address 153 Edmunds Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Bilrite CorporationOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 00317.C179147

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Bertucci

Mailing Address 50 Hill St.

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Transaction ID: 00317.C178822

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Stephen Binder

Mailing Address PO Box 286

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: 00420.C180584

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Harvey Bines

Mailing Address 36 Clarke St

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan & Worcester

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179711

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Henry Ciborowski

Mailing Address 16 Beechmont Street

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ciborowski Insurance Agen-  
cy

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 00317.C178717

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Cimini

Mailing Address 8 Sidney Rd.

City

Sturbridge

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankee Spirits

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179701

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Clearly

Mailing Address 289 Linden St

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178577

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Cohen

Mailing Address 125 Chestnut Street

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Office Paper Recovery Sys.  
Inc

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179680

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Connors

Mailing Address 24 Westwood Rd

City

North Falmouth

State

MA

Zip Code

02556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178495

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Joel Cutler

Mailing Address Four Seasons Place  
220 Boylston St.

City State Zip Code  
Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178592

Amount of Each Receipt this Period

-5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Joel Cutler

Mailing Address Four Seasons Place  
220 Boylston St.

City State Zip Code  
Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178591

Amount of Each Receipt this Period

15000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Brackett Denniston

Mailing Address 1081 Hillside Road

City State Zip Code  
Fairfield CT 06430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179703

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John Detore

Mailing Address 4 Realton Road

City

Boston

State

MA

Zip Code

02132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rubin & Rudman

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178589

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

David Fialkow

Mailing Address 232 Franklin St.

City

Newton

State

MA

Zip Code

02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178590

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Brian R. Fillebrown

Mailing Address 76 Providence Rd

City

Westford

State

MA

Zip Code

01886-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178441

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City

Newton

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179195

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jay Gellert

Mailing Address 4872 Topanga Canyon BLVD Apt 312

City

Woodland Hills

State

CA

Zip Code

91364-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 00318.C179246

Amount of Each Receipt this Period

15000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jay Gellert

Mailing Address 4872 Topanga Canyon BLVD Apt 312

City

Woodland Hills

State

CA

Zip Code

91364-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 00318.C179247

Amount of Each Receipt this Period

-5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Goedecke

Mailing Address 100 Nichols Rd

City

Cohasset

State

MA

Zip Code

02025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fowler Goedecke Ellis OCo-  
nnor

Occupation

mortgage banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179576

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Hansen

Mailing Address 55 Overlook Dr.

City

Westfield

State

MA

Zip Code

01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 00317.C178911

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard Hardy

Mailing Address 41 McGregory Rd.

City

Sturbridge

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyde Manufacturing

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180557

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Higgins

Mailing Address One Chestnut St  
DO NOT MAIL

City State Zip Code  
Boston MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Capital Partners

Occupation  
Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179370

Amount of Each Receipt this Period

15000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Higgins

Mailing Address One Chestnut St  
DO NOT MAIL

City State Zip Code  
Boston MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Capital Partners

Occupation  
Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179372

Amount of Each Receipt this Period

-5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ken Hines

Mailing Address PO Box 171157

City State Zip Code  
Boston MA 02117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179771

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Raymond Howell

Mailing Address 51 A Jackson Street  
DO NOT MAILCity State Zip Code  
Newton MA 02459FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howell CommunicationsOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178582

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Jennings

Mailing Address 26 Lehigh Rd

City State Zip Code  
Wellesley MA 02482FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS FinancialOccupation  
Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178585

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Kane

Mailing Address 162 Pond Street

City State Zip Code  
Ashland MA 01721FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178576

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

6200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Edmund Kelly

Mailing Address 315 Wellesley Street

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179063

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Michael Kennealy

Mailing Address 4 Brent Rd.

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Equity

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 00326.C179597

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Barry Lamont

Mailing Address 100 Anderer Lane Apt. 1

City

Boston

State

MA

Zip Code

02132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179760

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Landry

Mailing Address 250 Boylston St.  
#6

City State Zip Code  
Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TA Assoc

Occupation  
Mgr Director & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: 00326.C179263

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Lawrence

Mailing Address 24 Jackson Pond Road

City State Zip Code  
Dedham MA 02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179196

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Lawrence

Mailing Address 24 Jackson Pond Road

City State Zip Code  
Dedham MA 02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179624

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Leblanc

Mailing Address 10 Preston Rd

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179907

Amount of Each Receipt this Period

220.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Lunter

Mailing Address 23 Powder Horn Way

City

North Attleboro

State

MA

Zip Code

02760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180528

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Malcolm MacNaught

Mailing Address PO Box 2233

City

Duxbury

State

MA

Zip Code

02331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity Investments

Occupation

Portfolio Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179359

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

670.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Marcus

Mailing Address 77 Heath Street

DO NOT CALL IN 2009

City

State

Zip Code

Brookline

MA

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marcus Partners

Occupation

Real Estate Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180687

Amount of Each Receipt this Period

15000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Paul Marcus

Mailing Address 77 Heath Street

DO NOT CALL IN 2009

City

State

Zip Code

Brookline

MA

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marcus Partners

Occupation

Real Estate Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180688

Amount of Each Receipt this Period

-5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Holt Massey

Mailing Address 85 Merrimac Street

City

State

Zip Code

Boston

MA

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massey & Co., LLC

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178580

Amount of Each Receipt this Period

10000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John McDonnell

Mailing Address 63 Atlantic Ave  
#7E

City State Zip Code  
Boston MA 02110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patron Spirits Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178586

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Medgyesy

Mailing Address 64 Stone Hedge Ln.

City State Zip Code  
Attleboro MA 02703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 00317.C178433

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Sarah Monaco

Mailing Address 311 Marlborough St

City State Zip Code  
Boston MA 02116-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178596

Amount of Each Receipt this Period

-5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah Monaco

Mailing Address 311 Marlborough St

City

Boston

State

MA

Zip Code

02116-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178595

Amount of Each Receipt this Period

15000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Moriarty

Mailing Address 25 Prospect Street

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moriarty and Associates

Occupation

Construction

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180684

Amount of Each Receipt this Period

15000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Moriarty

Mailing Address 25 Prospect Street

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moriarty and Associates

Occupation

Construction

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180685

Amount of Each Receipt this Period

-5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Hugh Morton

Mailing Address 1480 Drift Road

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morton Law Office

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179535

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 68 Elm St

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179702

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Enrico Petrillo

Mailing Address 12 Stafford Rd

City

Lynnfield

State

MA

Zip Code

01940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CB Health Ventures

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178594

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Linda Pisani

Mailing Address 9 The Marshes

City

Duxbury

State

MA

Zip Code

02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 00420.C179662

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Linda Pisani

Mailing Address 9 The Marshes

City

Duxbury

State

MA

Zip Code

02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180574

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Powell

Mailing Address 109 Edmunds Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diamond Machining Techno-  
logy, I

Occupation

Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179166

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Harold I. Pratt

Mailing Address 1010 Memorial Dr. Apt 9A

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179580

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Harold I. Pratt

Mailing Address 1010 Memorial Dr. Apt 9A

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179725

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas Raphael

Mailing Address 666 Main St. Apt 412

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179087

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Glenn Sacra

Mailing Address 55 Glezen Ln

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 00317.C178838

Amount of Each Receipt this Period

220.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Sampson

Mailing Address 8 Sheffield Rd

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 00317.C178411

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Simoneau

Mailing Address 11 Ship St

City

Newburyport

State

MA

Zip Code

01950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179050

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Lee Sprague

Mailing Address 89 Mount Vernon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate Mngr/Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 00317.C179066

Amount of Each Receipt this Period

1500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Nancy Steinmann

Mailing Address 220 Boylston St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179425

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas Stenberg

Mailing Address 6 Alwyngton Road

City

Brookline

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Capital Partners

Occupation

Venture Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 00317.C178598

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Stubler

Mailing Address 422 Turtleback Road

City

Barnstable

State

MA

Zip Code

02648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 00317.C178685

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

William Stubler

Mailing Address 422 Turtleback Road

City

Barnstable

State

MA

Zip Code

02648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179747

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Arthur Turner

Mailing Address PO Box 543

City

Carlisle

State

MA

Zip Code

01741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179353

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Francis Venditti

Mailing Address 160 Warren Avenue

City

Seekonk

State

MA

Zip Code

02771-2097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
seekonk speedway

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 00317.C178695

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Christopher Vincze

Mailing Address 1 Eisenhaure Lane

City

North Reading

State

MA

Zip Code

01864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRC Companies

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00420.C180693

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ronald Weinger

Mailing Address 16 Chestnut Ter.

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 00420.C179750

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stuart Whitlock

Mailing Address Oppenheimer & Co. Inc

One Federal St. 22nd Floor

City

Boston

State

MA

Zip Code

02110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 00317.C178869

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Andrew Wilde

Mailing Address 1210 Greendale Ave

Apt E3

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00326.C179536

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Katherine Winter

Mailing Address 10 Marlborough St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 00317.C178792

Amount of Each Receipt this Period

110.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

158450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 57

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ladd M. Thorne

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178588

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Liberty Mutual PAC

Mailing Address Paul Mattera

175 Berkeley Street

City

State

Zip Code

Boston

MA

02117

FEC ID number of contributing  
federal political committee.

**C**

C00171843

Name of Employer  
PAC

Occupation

FEC ID: C00171843

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 00326.C179601

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Pfizer PAC

Mailing Address Andy Antrobus

235 East 42nd Street

City

State

Zip Code

New York

NY

10017

FEC ID number of contributing  
federal political committee.

**C**

C00016683

Name of Employer  
FEC: C00016683

Occupation

PAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 00317.C178587

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 57

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Raytheon PAC

Mailing Address Dennis Austin  
870 Winter StreetCity State Zip Code  
Waltham MA 02451-1449FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACOccupation  
FED ID: C00097568

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

Transaction ID: 00317.C178694

Amount of Each Receipt this Period

400.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

10900.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bowditch &amp; Dewey

Mailing Address 311 Main St.  
PO Box 15156

City Worcester State MA Zip Code 01615-0156

Purpose of Disbursement  
General Compliance us candidate assistance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

Amount of Each Disbursement this Period

18000.00

GENERAL COMPLIANCE US CAN-  
DIDATE ASSISTANCE**B.**

Full Name (Last, First, Middle Initial)

Scr &amp; Associates, LLC

Mailing Address 4 Leblanc Dr

City Danvers State MA Zip Code 01923-

Purpose of Disbursement  
Fuindraising consultant-party related non FEA

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12027

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Amount of Each Disbursement this Period

6000.00

FUINDRAISING CONSULTANT-P-  
ARTY RELATED NON FEA**C.**

Full Name (Last, First, Middle Initial)

Alibi Lounge Alibi Lounge

Mailing Address

City State Zip Code

Purpose of Disbursement  
MassGop Reception Fundraising event fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E11996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

1102.50

MASSGOP RECEPTION FUNDRAI-  
SING EVENT FEE

SUBTOTAL of Disbursements This Page (optional) .....

25102.50

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

BFSdaniels BFSdaniels

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E11998

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

935.00

PRINTING

B.

Full Name (Last, First, Middle Initial)

Boston Harbor Hotel

Mailing Address 70 Rowes Wharf

City  
BostonState  
MAZip Code  
02110-Purpose of Disbursement  
Catering for party related fundraising event

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E12001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Amount of Each Disbursement this Period

1442.89

CATERING FOR PARTY RELATED  
FUNDRAISING EVENT

C.

Full Name (Last, First, Middle Initial)

Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City  
BostonState  
MAZip Code  
02127-Purpose of Disbursement  
storage

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E12003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Amount of Each Disbursement this Period

69.09

STORAGE

SUBTOTAL of Disbursements This Page (optional) .....

2446.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

DCU Center

Mailing Address 50 Foster Street

City  
Worcester

State  
MA

Zip Code  
01608-

Purpose of Disbursement  
Event 3/24/2010 State Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12006

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

94.50

EVENT 3/24/2010 STATE COM-  
MITTEE

**B.**

Full Name (Last, First, Middle Initial)

DCU Center

Mailing Address 50 Foster Street

City  
Worcester

State  
MA

Zip Code  
01608-

Purpose of Disbursement  
event 3/24

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12061

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

905.82

EVENT 3/24

**C.**

Full Name (Last, First, Middle Initial)

Kauppi Communications

Mailing Address 27 Townly Road

City  
Watertown

State  
MA

Zip Code  
02472-

Purpose of Disbursement  
communications consulting fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12013

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

3000.00

COMMUNICATIONS CONSULTING  
FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City  
Saint PaulState  
MNZip Code  
55128-Purpose of Disbursement  
party related telemkt fundraising us candidate assistance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12009

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Amount of Each Disbursement this Period

26492.51

PARTY RELATED TELEMKT FUN-  
DRAISING US CANDIDATE ASS-  
ISTANCE**B.**

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City  
Saint PaulState  
MNZip Code  
55128-Purpose of Disbursement  
party related telemkt fundraising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12010

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

2151.10

PARTY RELATED TELEMKT FUN-  
DRAISING**C.**

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City  
Saint PaulState  
MNZip Code  
55128-Purpose of Disbursement  
part related telemkting fundraising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12011

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

8419.75

PART RELATED TELEMKTING  
FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) .....

37063.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
Reimbursement for postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12051

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

88.00

REIMBURSEMENT FOR POSTAGE

B.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12050

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

842.89

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
reimbursement for printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12052

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

189.76

REIMBURSEMENT FOR PRINTING

SUBTOTAL of Disbursements This Page (optional) .....

1120.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keswick Consulting	<b>Transaction ID:</b> 00420.E12018 <b>Date of Disbursement</b>																				
Mailing Address 231 Victory Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Quincy State MA Zip Code 02171-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Consulting fee-party related non fea	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>POLITICAL CONSULTING FEE-PARTY RELATED NON FEA</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Keswick Consulting	<b>Transaction ID:</b> 00420.E12019 <b>Date of Disbursement</b>																				
Mailing Address 231 Victory Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Quincy State MA Zip Code 02171-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political consulting fee-party related non fea	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>POLITICAL CONSULTING FEE-PARTY RELATED NON FEA</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Crimson Press Crimson Press	<b>Transaction ID:</b> 00420.E12004 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	0												
City State Zip Code	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising printing	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FUNDRAISING PRINTING</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Crimson Press Crimson Press

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Fundraising printing

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 00420.E12005

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

856.80

FUNDRAISING PRINTING

B.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City

Los Angeles

State

CA

Zip Code

90060-0036

Purpose of Disbursement

Cable TV

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 00420.E12007

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

48.67

CABLE TV

C.

Full Name (Last, First, Middle Initial)

Tarah Donoghue

Mailing Address 3 Main Street

City

Dover

State

MA

Zip Code

02030-

Purpose of Disbursement

Reimbursement for parkingfood travel

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 00420.E12047

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

239.35

REIMBURSEMENT FOR PARKING-  
FOOD TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

1144.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City  
Melrose

State  
MA

Zip Code  
02176-

Purpose of Disbursement  
Fundraising Consulting fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12032

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

2500.00

FUNDRAISING CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
Reimbursement for phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12045

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

294.61

REIMBURSEMENT FOR PHONE

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
reimbursement for parking food travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12044

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

36.50

REIMBURSEMENT FOR PARKING  
FOOD TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

2831.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Guardian Guardian	<b>Transaction ID:</b> 00420.E11979 <b>Date of Disbursement</b>																				
Mailing Address Boston Group Office 1 Liberty Square	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Boston State MA Zip Code 02109-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dental Insurance	<table border="1"> <tr> <td>129.93</td> </tr> </table>	129.93																			
129.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
DENTAL INSURANCE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Susan Keene	<b>Transaction ID:</b> 00420.E12014 <b>Date of Disbursement</b>																				
Mailing Address 76 Locksley Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
City Lynnfield State MA Zip Code 01940-	Amount of Each Disbursement this Period																				
Purpose of Disbursement accounting services	<table border="1"> <tr> <td>824.50</td> </tr> </table>	824.50																			
824.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ACCOUNTING SERVICES																					
<b>C.</b> Full Name (Last, First, Middle Initial) Liberty Hotel	<b>Transaction ID:</b> 00420.E12016 <b>Date of Disbursement</b>																				
Mailing Address 215 Charles St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement party related fundraising	<table border="1"> <tr> <td>1251.72</td> </tr> </table>	1251.72																			
1251.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARTY RELATED FUNDRAISING																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**2206.15**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City  
Melrose

State  
MA

Zip Code  
02176-

Purpose of Disbursement

Fundraising consulting fee for party related non FEA

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E12021

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

2500.00

FUNDRAISING CONSULTING FEE  
FOR PARTY RELATED NON FEA

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City  
Philadelphia

State  
PA

Zip Code  
19170-0322

Purpose of Disbursement

copier lease

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E12015

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

1295.56

COPIER LEASE

C.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Reimbursement for cell phone

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 00420.E12041

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

154.35

REIMBURSEMENT FOR CELL PH-  
ONE

SUBTOTAL of Disbursements This Page (optional) .....

3949.91

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour	<b>Transaction ID:</b> 00420.E12057 <b>Date of Disbursement</b>																				
Mailing Address 49 Chelsea St., Unit C1-307	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Boston State MA Zip Code 02129-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement for parking food travel Candidate Name	<table border="1"> <tr> <td colspan="10">484.22</td> </tr> </table>	484.22																			
484.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>REIMBURSEMENT FOR PARKING FOOD TRAVEL</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour	<b>Transaction ID:</b> 00420.E12056 <b>Date of Disbursement</b>																				
Mailing Address 49 Chelsea St., Unit C1-307	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Boston State MA Zip Code 02129-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement see below Candidate Name	<table border="1"> <tr> <td colspan="10">835.90</td> </tr> </table>	835.90																			
835.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>REIMBURSEMENT SEE BELOW</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Hilton Hawaii Hilton Hawaii	<b>Transaction ID:</b> 00420.E12060 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement to J. Nassour for hotel Candidate Name	<table border="1"> <tr> <td colspan="10">835.90</td> </tr> </table>	835.90																			
835.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: REIMBURSEMENT TO J. NASSOUR FOR HOTEL																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**1320.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City  
Boston

State  
MA

Zip Code  
02129-

Purpose of Disbursement  
reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

753.54

REIMBURSEMENT SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Verizon Verizon Wireless

Mailing Address PO Box 5029

City  
Wallingford

State  
CT

Zip Code  
06492-

Purpose of Disbursement  
reimbursement for J.Nassour for cell phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

753.54

**[MEMO ITEM]**

MEMO: REIMBURSEMENT FOR  
J.NASSOUR FOR CELL PHONE

**C.**

Full Name (Last, First, Middle Initial)

Communication Inc OBrien

Mailing Address PO Box 659

City  
Wrentham

State  
MA

Zip Code  
02093-

Purpose of Disbursement  
Phone system repair

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00420.E12022

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.50

PHONE SYSTEM REPAIR

**SUBTOTAL** of Disbursements This Page (optional) .....

866.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 00420.E11990 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll tax Candidate Name	<table border="1"> <tr> <td colspan="10">3217.08</td> </tr> </table>	3217.08																			
3217.08																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL TAX																					
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 00420.E11988 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll fee Candidate Name	<table border="1"> <tr> <td colspan="10">79.88</td> </tr> </table>	79.88																			
79.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL FEE																					
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 00420.E11991 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll tax Candidate Name	<table border="1"> <tr> <td colspan="10">3772.46</td> </tr> </table>	3772.46																			
3772.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL TAX																					

**SUBTOTAL** of Disbursements This Page (optional) .....

7069.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 00420.E11989 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll fee	<table border="1"> <tr> <td colspan="10">86.98</td> </tr> </table>	86.98																			
86.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL FEE</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Poland Spring Poland Spring	<b>Transaction ID:</b> 00420.E12024 <b>Date of Disbursement</b>																				
Mailing Address Processing Center PO Box 52271	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Phoenix State AZ Zip Code 85072-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bottled water	<table border="1"> <tr> <td colspan="10">53.06</td> </tr> </table>	53.06																			
53.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>BOTTLED WATER</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Boston Postmaster	<b>Transaction ID:</b> 00420.E12034 <b>Date of Disbursement</b>																				
Mailing Address JW MCCORMACK STATION New Chardon Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
City Boston State MA Zip Code 02114-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement non FEA party related postage	<table border="1"> <tr> <td colspan="10">880.00</td> </tr> </table>	880.00																			
880.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>NON FEA PARTY RELATED POS- TAGE</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1020.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Boston Postmaster	<b>Transaction ID:</b> 00420.E12025 <b>Date of Disbursement</b>
Mailing Address JW MCCORMACK STATION New Chardon Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
Purpose of Disbursement non FEA party related postage Candidate Name	<div> <div>300.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
NON FEA PARTY RELATED POSTAGE	
<b>B.</b> Full Name (Last, First, Middle Initial) Lindsay Shanholt Web Design	<b>Transaction ID:</b> 00420.E12017 <b>Date of Disbursement</b>
Mailing Address 286 Beacon St. Apt. 9	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 0</div> </div>
City Boston State MA Zip Code 02116-	Amount of Each Disbursement this Period
Purpose of Disbursement website design convention Candidate Name	<div> <div>25.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
WEBSITE DESIGN CONVENTION	
<b>C.</b> Full Name (Last, First, Middle Initial) Sprint/Nextel	<b>Transaction ID:</b> 00420.E12028 <b>Date of Disbursement</b>
Mailing Address PO Box 17990	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City Denver State CO Zip Code 80217-	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone Candidate Name	<div> <div>83.78</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CELL PHONE	

**SUBTOTAL** of Disbursements This Page (optional) .....

**408.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City State Zip Code  
Des Moines IA 50368-9020

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12029

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

984.71

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)

News Service State House

Mailing Address 568 Washington St. Suite 24

City State Zip Code  
Wellesley Hills MA 02181-

Purpose of Disbursement  
subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12030

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

2652.00

SUBSCRIPTION

C.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 277 South Washington Street, Suite

City State Zip Code  
Alexandria VA 22314-

Purpose of Disbursement  
Party related pollings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00420.E12026

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

35000.00

PARTY RELATED POLLINGS

**SUBTOTAL** of Disbursements This Page (optional) .....

38636.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SWANK Swank Audio Visuals

Mailing Address 5400 Computer Drive

City State Zip Code  
Westborough MA 01581-

Purpose of Disbursement  
Audio visual mass gop reception

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

433.51

AUDIO VISUAL MASS GOP RE-  
CEPTION

B.

Full Name (Last, First, Middle Initial)

Omni Security Systems, Inc

Mailing Address Pearson Plaza, PO Box 879

City State Zip Code  
Byfield MA 01922-

Purpose of Disbursement  
Service on office security system

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

SERVICE ON OFFICE SECURITY  
SYSTEM

C.

Full Name (Last, First, Middle Initial)

Union Club- Boston The Union Club

Mailing Address 8 Park Street

City State Zip Code  
Boston MA 02108-

Purpose of Disbursement  
Room rental and catering for party related meeting non-fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E12033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

492.21

ROOM RENTAL AND CATERING  
FOR PARTY RELATED MEETING  
NON-FEA

SUBTOTAL of Disbursements This Page (optional) .....

1225.72

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	<b>Transaction ID:</b> 00420.E12036 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Wallingford State CT Zip Code 06492- Purpose of Disbursement Cell phone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>2</td><td>0</td><td>.</td><td>0</td><td>6</td> </tr> </table>	6	2	0	.	0	6														
6	2	0	.	0	6																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	<b>Transaction ID:</b> 00420.E12035 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Wallingford State CT Zip Code 06492- Purpose of Disbursement Cell phone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>2</td><td>3</td><td>.</td><td>4</td><td>8</td> </tr> </table>	2	2	3	.	4	8														
2	2	3	.	4	8																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE																				
<b>C.</b> Full Name (Last, First, Middle Initial) William Walker	<b>Transaction ID:</b> 00420.E12040 <b>Date of Disbursement</b>																				
Mailing Address 5 Charter St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Boston State MA Zip Code 02113- Purpose of Disbursement reimbursement for parking food and travel Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>4</td><td>0</td> </tr> </table>	1	9	.	4	0															
1	9	.	4	0																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR PARKING FOOD AND TRAVEL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**862.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 5 Charter St.

City  
Boston

State  
MA

Zip Code  
02113-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E12038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

REIMBURSEMENT SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Garage Parcel 7

Mailing Address

City  
Boston

State  
MA

Zip Code  
02109-

Purpose of Disbursement  
W. Walker reimbursement for parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E12039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**[MEMO ITEM]**

MEMO: W. WALKER REIMBURSE-  
MENT FOR PARKING

**SUBTOTAL** of Disbursements This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

140125.57

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 57

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11986

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1941.42

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11987

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1941.42

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)

Tarah Donoghue

Mailing Address 3 Main Street

City  
Dover

State  
MA

Zip Code  
02030-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11992

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1584.41

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

5467.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Tarah Donoghue	<b>Transaction ID:</b> 00420.E11993 <b>Date of Disbursement</b>																				
Mailing Address 3 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Dover State MA Zip Code 02030- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1584.41</td> </tr> </table>	1584.41																			
1584.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kaitlyn Greeley	<b>Transaction ID:</b> 00420.E11980 <b>Date of Disbursement</b>																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Boston State MA Zip Code 02131- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">685.14</td> </tr> </table>	685.14																			
685.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kaitlyn Greeley	<b>Transaction ID:</b> 00420.E11981 <b>Date of Disbursement</b>																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Boston State MA Zip Code 02131- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1032.33</td> </tr> </table>	1032.33																			
1032.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3301.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E11982

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

1092.57

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E11983

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

1092.57

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City  
Lynn

State  
MA

Zip Code  
01902-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E11976

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

43.72

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

2228.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City  
Lynn

State  
MA

Zip Code  
01902-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11977

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.72

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11984

Date of Disbursement

/   /

Amount of Each Disbursement this Period

647.12

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00420.E11985

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1222.89

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

1913.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 5 Charter St.

City  
Boston

State  
MA

Zip Code  
02113-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E11994

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1418.14

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 5 Charter St.

City  
Boston

State  
MA

Zip Code  
02113-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00420.E11995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1418.13

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

2836.27

**TOTAL** This Period (last page this line number only) .....

15747.99

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 56 / 57

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**1) SUBTOTALS** This Period This Page (optional).....

1750.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 57 / 57

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect

Nature of Debt (Purpose):  
Original Debt for telemar-  
keting non-fea party rela-  
ted

Mailing Address 7300 Hudson Blvd. Ste

City	State	ZIP Code
Saint Paul	MN	55128-

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

1) **SUBTOTALS** This Period This Page (optional)..... ▶

3910.20

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5660.20